

STATE OF ILLINOIS

# Invoice Voucher

Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 323 SRTS  
Springfield, Illinois 62764

-Name and Location of State, Agency or Institution  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 323 SRTS  
Springfield, IL 62764

Name and Location of State Agency or Institution

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.

2. Taxpayer Identification Number

Sponsor FEIN Number

-Taxpayer Identification Number (Box 2)  
Enter FEIN number of Sponsor

4. Voucher No.

Voucher Date

3. Vendor or Payee

LAST NAME

OR BUSINESS NAME

FIRST NAME

6. Appropriation Account Code

Disposition

1-Comptroller

2-Agency

3-Agency

4-Remittance Copy

-Vendor or Payee (Box 3)

Enter Name and Full

Address of Sponsor

7-Retained

by Vendor

Sponsor Name

Sponsor Address

Sponsor City, State, Zip

-Invoice Number (Box 7)

Enter Sequential  
number of this invoice.  
If this is final invoice,  
indicate here.

Example: 3/Final

7. Invoice Number

8. Invoice Date

-Invoice Date (Box 8)  
Enter date of this  
invoice (today's date)

10. Indicate Beginning and Ending Date of Service and GAAP Code. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice

Reimbursement for Safe Routes to School Program Grant

Grant Number, State Job Number

Cost Category (\$0.00)

Cost Category (\$0.00)

-Box 10  
Enter "Reimbursement for Safe Routes to School  
Program Grant"  
Enter Grant Number and State Job Number (from front  
page of Grant Agreement)  
Enter Cost Categories for this invoice, and sub-totals for  
each (from Budget section of Grant Agreement)

Example:  
Reimbursement for Safe Routes to School Program  
Grant  
SRTS-0000(000), P-40-000-11  
Equipment (\$xxx.xx)  
Training (\$x,xxx.xx)

11. Quantity

12. Units

13. Unit Price

1

each

0.00

-Quantity (Box 11)

Enter "1"

-Units (Box 12)

Enter "each" and  
tab through

-Unit Price (Box 13)

Enter Total amount of  
reimbursement requested

18. Exp. Obj.

19. Exp. Amount

20. CFDA No.

This form will auto-fill to Box 17.

Also include with this invoice all documentation for  
these expenses – all applicable quotes, invoices, cut  
sheets, and proof of payment (cancelled checks,  
credit card receipts, etc.)

On the sub-vendor invoices or receipts, please also  
note which budget category is applicable to that  
expense.

15.

Subtotal

16.

Discount/  
Deduction

17.

Total  
Amount

21 Total Exp.

25. For Agency Use Only

Certification of Receiving Agency

Approved for Payment

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of the Governor's Office of Management and Budget Act have been met.

Receiving Officer

Date

Clerk

Head of Unit or Authorized Agent

Date

Date

Agency Head (Signature)